

**Please read carefully the instructions below and make sure all of the paperwork / passport information is filled in, signed, and submitted to the address below:**

U.S. regulations require that each traveler completely fill out and sign the forms attached for travel to Cuba. Each traveler is also required to submit a clean copy of his/her passport. All documents must be returned to either your group leader or Carlson Maritime Travel along with deposit required.

- **CUBA TRAVEL RESERVATION FORM**

In the areas marked with an arrow (▶), enter your Name, Date of Birth, Home Phone Number and Address in the spaces indicated. Sign and fill out page 1.

- **TRAVEL AFFIDAVIT – Page 2**

For those NOT traveling under people-to-people license, please mark your appropriate box with an “X”. Fill out, sign, date the bottom.

- **VISA REQUIREMENTS, CANCELLATION POLICY, RESPONSIBILITY CLAUSE- Page 3,4**

Please read visa requirements. If you do not understand this information, please contact us. You will be supplied with the proper Cuban Visa for your trip. Read and sign that you have read and understand the cancellation policy. Read and understand the responsibility clause.

- **LIABILITY STATEMENT -**

Please read the liability statement, date and sign. Fill out a credit card authorization form ONLY if you are paying by credit card. There will be a 4% merchant fee added to all charges made by credit card.

- **A CLEAR COPY OF THE PICTURE PAGE OF YOUR PASSPORT MUST ALSO BE SUBMITTED in order to obtain your Cuba Travel Visa. YOU MUST HAVE AT LEAST 6 MONTHS EXPIRATION DATE ON YOUR PASSPORT IN ORDER TO TRAVEL TO CUBA.**

**IMPORTANT NOTICE:** Cuban-born participants, regardless of current nationality, must apply for a special visa. If you were born in Cuba (regardless of your current nationality or when you left the island), please contact our office immediately.

**Completed forms (including passport copies) must be returned to your group leader or Carlson Maritime Travel along with deposit.** If you have any questions about completing this form, please call us at 727.945.1930 for assistance.  
**DO NOT FAX YOUR PASSPORT, PLEASE EITHER SCAN AND EMAIL, OR SEND BY REGULAR MAIL.**

**Return all forms to your group leader or mail to your Travel Service Provider below:**

**Attn: TSP  
Carlson Maritime Travel  
623 E. Tarpon Ave  
Tarpon Springs, Fla. 34689  
Phone: 727.945.1930**



CARLSON MARITIME TRAVEL  
623 E. Tarpon Ave. \* Tarpon Springs, Fla. 34689  
Ph: 727.945.1930 \* Fax: 727.945.1919  
Email: [info@scarlsontravel.com](mailto:info@scarlsontravel.com) web: [www.scarlsontravel.com](http://www.scarlsontravel.com)  
FST License: #ST37783 TSP- CU- 2014-307835-1

GROUP NAME:



Carlson Maritime Travel

**CUBA TRAVEL RESERVATION FORM**

**Carlson Maritime Travel**

(▶) Full Name (as on passport): \_\_\_\_\_  
First M.I. Last

(▶) Home Address: \_\_\_\_\_  
Street City State zip

(▶) Birth Date: \_\_\_\_\_ Birth Place \_\_\_\_\_

(▶) Passport Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ (6mos.exp)  
(must be valid for **six months** after entry to Cuba)

(▶) Citizenship: \_\_\_\_\_ Occupation: \_\_\_\_\_

(▶) Telephone: \_\_\_\_\_ (▶) daytime ( ) cell \_\_\_\_\_  
-

Fax: \_\_\_\_\_ (▶) Email \_\_\_\_\_

(▶) Gender: F M    ▶ **Are you traveling under one of the 12 categories of general license?**    **yes**

If not a U.S. citizen, # of Alien Registration Card or Multiple Entry Visa: Exp. Date: \_\_\_\_\_

Please contact us regarding assistance with flights and/or pre or post hotel reservations.

**PAYMENTS:** Payments to Carlson Maritime Travel can be sent via personal checks, certified check, cashier's check, bank transfer, or via credit card (add 3.5% for all credit card transactions as our tour reflects a cash discount)

Credit card payments can only be made via our Credit Card Authorization Form (enclosed). Add 3.5%

**U.S. AUTHORIZATION TO TRAVEL:** Carlson Maritime Travel can only make arrangements on behalf of individuals authorized to travel by rules of the Office of Foreign Assets Control - U.S. Department of the Treasury. This Office authorizes certain persons to travel by issuance of "specific license" as well as "general license" under one of the 12 approved categories without further need to obtain permission by OFAC.

Please fill out the following travel affidavit in order to determine whether you are authorized to travel to Cuba under general license.

**CARLSON MARITIME TRAVEL**  
623 E. Tarpon Ave. \* Tarpon Springs, Fla. 34689  
Email: [info@scarlsontravel.com](mailto:info@scarlsontravel.com) web: [www.scarlsontravel.com](http://www.scarlsontravel.com)  
FST License: #ST37783 TSP- CU- 2014-307835-1  
Ph: 727.945.1930 \* Fax: 727.945.1919

**TRAVEL AFFIDAVIT** -I understand that, under current United States travel restrictions with respect to Cuba, travel-related transactions are prohibited except for the following categories and that by signing my name at the bottom of this Affidavit, I am declaring that I fall under the category I have checked below.

**Family Visit (515-561):**

I am traveling to visit a close relative in Cuba, who is (i) a Cuban national, (ii) Resident in Cuba, (iii) Person authorized to be located in Cuba for extended time period of time, which complies with the regulations identified in §515.561.



Carlson Maritime Travel

**Government Official (515-562):**

I am a U.S. or foreign government official or a representative of an international organization of which the United States is a member, and I am traveling on official business, which complies with the regulations identified in §515.562.

**Journalist (515-563):**

I am regularly employed as a journalist by a news reporting organization, or I am regularly employed as supporting broadcast / technical person, or freelance journalist or technical person supporting freelance; traveling to Cuba to engage in journalistic activities, which complies with the regulations identified in §515.563.

**Full-time Professional-Research or Professional Meetings (515-564)**

I am a full-time professional whose travel transactions are directly related to non-commercial, academic research in my full-time professional area, which complies with the regulations identified in §515.564, or  Attending a professional meeting or conference in Cuba. The purpose of the meeting or conference is not to promote tourism. , which complies with the regulations identified in §515.564.

**Educational Activities (515-565):**

I am a faculty member, staff person, or student of an accredited U.S. graduate and undergraduate degree-participating in a structured education program of a course offered for credit; or academic research for obtaining undergraduate or graduate degree; or participating in formal course in Cuba; or teaching at Cuban academic institution; or sponsor/co-sponsor of noncommercial academic seminars/conference/workshops; or preparation of any of the activities listed, which complies with the regulations identified in §515.565. (a)  **People to People exchange** – group which is sponsored by an organization that sponsors such exchanges, and accompanied by a full-time employee or consultant from the sponsoring organization, which complies with the regulations identified in §515.565 (b)

**Religious Organization (515-566)**

I am a member or staff of a U.S. religious organization, and my travel is for participation in a full-time program of religious activities in Cuba which complies with the regulations identified in §515.566

**Public performances, clinics workshops, athletic and other competitions and exhibitions (515-567):**

I am a participant or staff of a U.S. organization, and my travel is for participation in a full-time program of Public performance; or Athletic competition; or clinics/workshops, or other competitions and exhibits that meet the regulations identified in §515.567

**Support for the Cuban People (515-574):**

I traveling to Cuba to perform activities with recognized human rights organizations; or independent organizations which promote a peaceful transition to democracy or to perform activities which strengthen civil society in Cuba, , which complies with the regulations identified in §515.74.

**Humanitarian Projects (515-575)**

I am traveling to Cuba for a humanitarian reasons for medical/health related projects; construction projects; environmental projects, educational training, , which complies with the regulations identified in §515.575.

**Private foundations or Research/Education Institutes (515-576):**

I am traveling to Cuba with a US foundation/institution established interest is international relations to collect information for non-commercial use, which complies with the regulations identified in §515.576.

**Exportation, importation, or transmission of informational materials (515-545 b):**      **Professional Media and Artistic Productions (515-545 b2):**

I am traveling in conjunction with exportation/importation activities, which complies with the regulations identified in §515.545.  I am traveling to Cuba in conjunction to authorized transactions authorized for professional media and artistic productions, which complies with the regulations identified in §515.545-b2).

I am traveling to Cuba via private aircraft on temporary sojourn. §515.533 d-2).

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell ph: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/ \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Passport # \_\_\_\_\_

Exp Date: \_\_\_\_\_ Passport issued by: \_\_\_\_\_ Email: \_\_\_\_\_

**OFAC Compliant Travel Service Provider**

**CARLSON MARITIME TRAVEL \*623 E. Tarpon Ave \*Tarpon Springs, Fl. 34689 ph: 727.945.1930- Suzanne Carlson**

**VISA INFORMATION:** All travelers must have a valid passport with at least six months expiration and a Cuban visa. You are responsible for having proper documentation on your person to enter Cuba as well as to re-enter the United States and proper documentation to travel via a third country (if necessary) to Cuba. For certain categories of travel Carlson Travel can assist in obtaining a Cuban visa. The Cuban Government retains the right to grant or deny visas. If you are holding a passport from a foreign country, green card, visa, multiple entry visa, or special use passports, you are solely responsible for understanding the limitations imposed for re-entry to the United States. CMT cannot be held responsible for any participant who is refused service by the carrier for entry into Cuba because of a restricted passport or visa. In the event a participant is refused entry to Cuba because of visa or passport issues or denial of visa by the Cuban government, applicable cancellation penalties apply.

**\*Very Important: persons born in Cuba, no matter what your current citizenship, will require additional documentation. Please contact our office for further information. You will be directed to the CSP.**

### **CANCELLATION AND REFUND POLICY FOR INDIVIDUAL OR PRIVATE TRAVEL**

Cuba air, tours, and arrangements are subject to the following cancellation charges if you cancel for any reason:

PAYMENTS FOR PRIVATE CUBA TOURS ARE NON REFUNDABLE UNLESS YOUR SPACE CAN BE RE-SOLD AT THE REQUIRED TIME LIMIT SET FORTH BY THE SUPPLIERS AND OPERATORS.

### **CANCELLATION AND REFUND POLICY FOR GROUP TRAVEL**

PAYMENTS FOR CUBA TOURS ARE NON REFUNDABLE UNLESS YOUR SPACE CAN BE RE-SOLD AT THE REQUIRED TIME LIMITS SET FORTH BY THE SUPPLIERS AND OPERATORS OR UNLESS YOU ARE COVERED UNDER OUR SEPARATE CANCELLATION INSURANCE POLICY.

**Above charges do not include cancellation charges imposed by the airlines for any connecting flights to/from your point of departure to Cuba. Carlson Maritime Travel accepts no responsibility for the issuance or denial of licenses by the Office of Foreign Asset Control nor for the issuance or denial of visas by Cuba. Trip cancellation and baggage insurance is available from Carlson Maritime Travel.**

### **I HAVE READ AND UNDERSTAND THE CANCELLATION POLICY:**

(▶)Name: \_\_\_\_\_ (▶)Date of Birth: \_\_\_\_\_

(▶)Phone Number: \_\_\_\_\_ (▶)Address: \_\_\_\_\_

(▶)City \_\_\_\_\_ (▶)State \_\_\_\_\_ (▶) Zip \_\_\_\_\_

▶SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by OFAC authorized Travel Service Provider (TSP)

Name (print) Signature: SUZANNE CARLSON

### **RESPONSIBILITIES**

Carlson Maritime Travel, and its employees, shareholders, officers, directors, successors, agents, and assigns, neither own nor operate any person or entity which is to, or does, provide goods or services for these trips or tours. Because Carlson Maritime Travel does not maintain any control over the personnel, equipment, or operations of these suppliers, CMT assumes no responsibility for and cannot be held liable for any personal injury, death, property damage, or other loss, accident, delay, inconvenience, or irregularity which may be occasioned by reason of (1) any wrongful, negligent, willful, or unauthorized acts or omissions on the part of any of the tour suppliers, or other employees of agents, (2) any defect in or failure of any vehicle, equipment, instrument owned, operated or otherwise by any of these suppliers, or (3) any wrongful, willful, or negligent act or omissions on any part of any other party not under the supervision or control of the Operator (4) sickness, weather, strikes, hostilities, wars, terrorist acts, acts of nature, local laws or other such causes. All services and accommodations are subject to the laws and regulations of the country in which they are provided. CMT is not responsible for any baggage or personal effects of any individual participating in the trips arranged by CMT. Individual travelers are responsible for purchasing a travel insurance policy, if desired, that will cover some of the expenses associated with the loss of luggage or personal effects. The tickets, vouchers, and other travel documents for the services of these contractors are subject to all terms and conditions of the respective suppliers (some of them may limit or exclude the supplier's liability). Under no circumstances is CMT to be construed as a carrier under contract for safe carriage of the passenger or his or her baggage and belongings.

**ACKNOWLEDGMENT & RELEASE**

Participants who choose to travel with CMT assume responsibility for their personal safety, whether guided or during free time. The Participant has informed himself or herself of the conditions and locations where they will be during the program, has consulted with appropriate medical personnel, and has determined that his/her health is adequate to participate safely in the CMT program.

Participant recognizes that there are inherent risks that participant must assume when he/she participates in a program. Participant recognizes that CMT does not assume any responsibility for injury, sickness, personal health, or death, or loss of damage to property while participant is participating in a CMT program.

**LIABILITY RELEASE STATEMENT**

I have read the disclaimer stated above and I hereby release and discharge Carlson Maritime Travel, its agents, employees, officers, directors, shareholders and successors from and against any and all liability arising from my participation in this trip. I agree that this release will be legally binding upon myself, my heirs, successors, assigns and legal representatives; it being my intention to fully assume all risk of travel and to release Carlson Maritime Travel from any and all liabilities to the maximum permitted by law.

By signing below, the participant agrees that he/she understands that a CMT program may involve risk, hazards and foreseen and unforeseen circumstances and that the participant is prepared to accept those risks.

(▶)Signature: \_\_\_\_\_  
(▶)Name: \_\_\_\_\_ (▶) Dates of travel: \_\_\_\_\_  
(▶)Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CREDIT CARD AUTHORIZATION (Fill out only if paying by credit card)**

Dear Client,

In order to authorize Carlson Maritime Travel to charge your credit card for the services indicated, please fill out and return this form to our office at the address listed above or via fax 727.945.1919.

Charges can only be made to the actual traveler’s credit card – except for spouses and children. We reserve the right to refuse to accept charges to any credit card not issued to the traveler.

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_  
(credit card holder – as it appears on your credit card)

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TEL (Days) \_\_\_\_\_ Cell \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

TYPE OF CREDIT CARD – Choose one (no other cards accepted):  
VISA, MASTER CARD, DISCOVER, AMERICAN EXPRESS

ACCOUNT NUMBER \_\_\_\_\_ EXP.DATE \_\_\_\_\_

Credit Card Security Code\* \_\_\_\_\_

\* The last 3 digits found on the signature strip on the reverse side of your VISA or MASTERCARD  
Or the 4 digits found on the front side of your AMERICAN EXPRESS CARD

▶ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(authorized signature)

☐ AMOUNT AUTHORIZED: \$ \_\_\_\_\_ DATES OF TRAVEL \_\_\_\_\_

Your tour price reflects a cash payment discount. If paying by credit card:

**\*A 3.5% merchant fee will be added to each credit card charge.**